

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102  
(314) 751-3176

NOTE: Return completed forms to the address above.

RECEIVED  
DATE RECEIVED  
FOR OFFICIAL USE ONLY

JUL 29 1996

AUG 15 1996

# NOTIFICATION OF REGULATED WASTE ACTIVITY

HAZARDOUS WASTE PROGRAM  
MISSOURI DEPARTMENT OF

I. ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)  
C. Installation's VERIFICATION NUMBER  
MOR000008508

## II. Name of Installation (Include company and specific site name)

LYONS DIECASTING COMPANY

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2306 NORTH HOLLY RD

Street (Continued)

City or Town

BUCKNER

State

ZIP Code

MO 64016

County Code

County Name

095 JACKSON

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

BOX 620

City or Town

BUCKNER

State

ZIP Code

MO 64016

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SHROUT

(first)

JERRY

Job Title

PLANT COORDINATOR

Phone Number (area code and number)

316-650-3146

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

☐ ☐

B. Street or P.O. Box

same

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

HAROLD E JACKSON JR.

Street, P.O. Box, or Route Number

4737 POST ROAD

City or Town

NASHVILLE

State

ZIP Code

TN 37205

Phone Number (area code and number)

615-352-7742

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

Yes ☐ No ☐

(Date Changed) Month Day Year

☐ ☐ ☐

MO 780-1164 (11-93)

EPA 8700-12/MDNR HWG-1

CONTINUE ON REVERSE

RCRIS data entered

BY [signature]  
ON 8/21/96



R00032704  
RCRA Records Center



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

GSA No. 246-EPA-OT

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### VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

#### A. Hazardous Waste Activity

##### 1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

##### 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

##### Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

##### 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

##### 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Referral  
☐ 2. Small Quantity Exemption

##### Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

##### 5. Underground Injection Control

#### B. Used Oil Fuel Activities

##### 1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Burner - indicate device(s) -

##### Type of Combustion Device

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

##### 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

☐

### IX. Description of Regulated Wastes (Use Additional sheets if necessary)

#### A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)

2. Corrosive  
(D002)

3. Reactive  
(D003)

4. Toxicity  
Characteristic  
(D000)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

☒

☐

☐

☐

#### B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
D039
7

2
D008
8

3
D018
9

4
D040
10

5
11

6
12

#### C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1

2

3

4

5

6

### X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

*Jerry Shrout*

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

JERRY SHROUT PCANT COORDINATOR

DATE SIGNED

7/25/96

### XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

10/1

S.I.C. CODE

3363

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

3364

### XII. Comments

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.



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HAZARDOUS WASTE PROGRAM  
MISSOURI DEPARTMENT OF

I.	<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation ID Number
			MOR000008588

## II. Name of Installation (Include company and specific site name)

LYONS DIECASTING COMPANY

## III. Location of Installation (Physical address not P.O. Box or Route Number)

## Street

2300 NORTH HOLLY RD

## Street (Continued)

## City or Town

BCKNCR

## State

## ZIP Code

MO 64016-

## County Code

## County Name

JACKSON

## IV. Installation Mailing Address (See Instructions)

## Street or P.O. Box

BOX 020

## City or Town

## State

## ZIP Code

MO 64016-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

## Name (last)

## (first)

SHARP

TERRY

## Job Title

## Phone Number (area code and number)

PLANT MANAGER 816-650-3146

## VI. Installation Contact Address (See Instructions)

## A. Contact Address

## Location

## Mailing

## B. Street or P.O. Box

same

## City or Town

## State

## ZIP Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

HAROLD E JACKSON JR.

## Street, P.O. Box, or Route Number

4737 POST ROAD

## City or Town

## State

## ZIP Code

NASHVILLE

TN 37205-

## Phone Number (area code and number)

615-352-7942

## B. Land Type

## C. Owner Type

## D. Change of Owner

## Indicator

## Month

## Day

## Year

Yes

No

ID — For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## 1. Generator (See Instructions)

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☐ 4. Water  
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
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☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption

## Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil Fuel Activities

## 1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner  
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☐ c. Burner - indicate device(s) -

## Type of Combustion Device

- ☐ 1. Utility Boiler  
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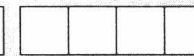
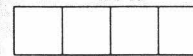
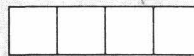
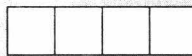
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## IX. Description of Regulated Wastes (Use Additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)2. Corrosive  
(D002)3. Reactive  
(D003)4. Toxicity  
Characteristic  
(D000)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))



## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D039	2 D008	3 D018	4 D040	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DATE SIGNED



JERRY SHROUT PCANT CO-ORDINATOR

7/25/96

## XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

N/A

S.I.C. CODE

3363

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

3364

## XII. Comments

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